

JOHN STORM MEDICAL EQUIPMENT, INC.
P.O. BOX 515
WEST MONROE, LA 71294-0515

Invoice

Date	Invoice #
2/20/2012	32986

Bill To
OXFORD HEALTH & REHAB CENTER 6428 US HWY 11 LUMBERTON, MS 39455

Ship To
OXFORD HEALTH & REHAB CENTER 6428 US HWY 11 LUMBERTON, MS 39455 601-794-8366/601-794-8359(FAX) ATTN: LJ DANIELS

P.O. No.

Item	Description	Qty	Rate	Amount
Service Call IV	Complete system/equipment check by two service technicians for the first hour of service. Facility called and reported that the door magnets were not working. The techs came and checked the door closer and determined that it needed adjusting. In order for the door to pull shut and latch the hardware at the top of the door was keeping the door from mating properly with the lock. The techs also put washers to assist in better mating the lock and armature. The top of one door rubs the door frame and was also causing the door not to close right. Door closers are worn out. Everything was adjusted as much as possible. Both doors closed and secured properly.	1	100.00	100.00
Service Call III	Complete system/equipment check by two service technicians for remaining hours of service.	2	85.00	170.00
Mileage	Mileage for Service Call (one-way charge)	230	1.25	287.50

THANK YOU FOR YOUR BUSINESS.

Subtotal \$557.50

Sales Tax (0.0%) \$0.00

Total \$557.50

Payments/Credits \$0.00

Balance Due \$557.50

FINANCE CHARGE OF 1.5% MONTHLY ON ALL INVOICES PAST DUE.
THANK YOU! YOUR BUSINESS IS GREATLY APPRECIATED!
CALL @ 800-441-4841
FAX @ 888-245-0020

email: E-MAIL: jwhite@stormmed.com
Maint-Equip. Repair

option:

Authorized Signature

PBL

PD 6/19/12
CK# 1079
\$2,165.50

JOHN STORM MEDICAL EQUIPMENT, INC.
P.O. BOX 515
WEST MONROE, LA 71294-0515

Invoice

Date	Invoice #
12/22/2011	32646

Bill To
OXFORD HEALTH & REHAB CENTER 6428 US HWY 11 LUMBERTON, MS 39455

Ship To
OXFORD HEALTH & REHAB CENTER 6428 US HWY 11 LUMBERTON, MS 39455 601-794-8566/601-794-8859(FAX) ATTN: LJ DANIELS

P.O. No.

Item	Description	Qty	Rate	Amount
SC-A05000900	500 DE EXIT PANEL	1	549.00	549.00T
SC-A41013900	LOCKS - 650 LBS	1	479.00	479.00T
SC-A05030900	Inside Remote Keypad	1	145.00	145.00T
Installation	Installation of new/used system and/or equipment		435.00	435.00

THANK YOU FOR YOUR BUSINESS		Subtotal	\$1,608.00
FINANCE CHARGE OF 1.5% MONTHLY ON ALL INVOICES PAST DUE. THANK YOU! YOUR BUSINESS IS GREATLY APPRECIATED! CALL @ 800-441-4841 FAX @ 888-745-0020 E-MAIL: jwhite@stormmed.com		Sales Tax (0.0%)	\$0.00
		Total	\$1,608.00
		Payments/Credits	\$0.00
		Balance Due	\$1,608.00

G/L Account:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
Description:	

Authorized Signature	

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ACADEMY HEALTH CENTER INC. DBA 04/12 LAMAR HEALTHCARE & REHABILITATION CTR 8428 HWY 11 801-784-8688 LUMBERTON, MS 38456		1079 88-358,665 32
Pay to the Order of <u>JOHN STORM MEDICAL EQUIPMENT</u> \$ <u>2,165.00</u> <u>1652 THOUSAND ONE HUNDRED SIXTY-FIVE AND 00/100 DOLLARS</u>		<u>6/19/12</u> Date
Hancock Bank. Member FDIC/Member NCUA A Hancock Holding Company		
For <u>Inv # 32646/32986</u>		<u>[Signature]</u>
⑆0655036816 46350941⑆ 1079		

The Back Image:

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